

BEST AVAILABLE COPY

MULTIPLE DEPEN. FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						CLAIM	SERIAL NO. 10 / 545193	FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51							
2						52							
3						53							
4						54							
5						55							
6						56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13	1					63							
14		1				64							
15		1				65							
16		1				66							
17		1				67							
18		1				68							
19		1				69							
20	1					70							
21	1					71							
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25		1				75							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	4	↓			↓								
TOTAL DEP.	21	↔			↔								
TOTAL CLAIMS	25												